FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information			1	r icase read ii	nan action is equi	ore complete	ing arra for two	nee regarding p	adding startage	4447						
Name and Mailing Address of Re	spondent															
OTZ Telephone Cooperative Inc 346A Tundra Way Kotzebue, Ak 99752													Check here if this is a change of address.			
Year Report Filed Reporting Period (Ending Date of Pay A. Number of Full-Time Employees during Selected											1					
2018		Period Covered by Report)						Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)								
SECTION II - Full-Time Employees	3.									W 5.177.						
		Number of Employees (Report employees in only one category)														
Job		Race/Ethnicity														
Categories	Hispanic or Not-Hispanic or Latino															
	Li	atino	Male												Columns A - N	
	Male	ale Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
	A	В	С	D	E	F	G	н	Ť	J.	К	L	М	N	O	
Executive/Senior Level Officials and Managers			2												2	
First/Mid-Level Officials and Managers 1.2							2				1				3	
Professionals 2											-3				-1	
Technicians 3						1	5								6	
Sales Workers 4																
Administrative Support 5											6				6	
Craft Workers 6																
Operatives 7																
Laborers and Helpers 8																
Service Workers 9																
TOTAL 10			2			1	7				8				18	
PREVIOUS YEAR TOTAL 11																

Job Categories		Number of Employees (Report employees in only one category)															
		Race/Ethnicity															
		Hispanic or Latino		Not-Hispanic or Latino													
	į.			Maie								Female					
	Male	Female B	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	0		
																Executive/Senior Level Officials and Managers	1.1
First/Mid-Level Officials and Managers	1.2																
Professionals	2																
Technicians	3																
Sales Workers	4																
Administrative Support Workers	5																
Craft Workers	6																
Operatives	7																
Laborers and Helpers	8		Ŧ				5								6		
Service Workers	9																
TOTAL	10		1				5								6		
PREVIOUS YEAR TOTAL	11																
SECTION IV - Report of Discr	imination Com	plaints Pursu	ant to 47 CF	R 22.321, 23.	55, 90.168, 101	.4, and 101	1.311.										
This is to advise the company before a This is to advise the (Attach a list indicate).	ny body having ne Commission t	competent juri that the followi	sdiction in su ng complaint:	ch matters du s alleging viola	ring the calend ations of the pro	ar year cover ovisions of a	ered by this re any equal emp	part. layment oppor	tunity statute	e have been fi	iled against this	s company.					
SECTION V - Certification	nowledge, inform	nation, and be	lief, all staten	nents in this re	port are true a	nd correct.											
Date	Typed or Printed	ed or Printed Name of Person Signing Signature Telephone No.															
05/30/2018	Donna M	IcConnel	1			W	ma	Mil	On	me			42-1017	200010000000000000000000000000000000000			
Title of Person Signing Acctg Controller/F		ATION LICENS						ND/OR IMPRIS			1) AND/OR R	EVOCATION					